PTO/SB/81 (01-06)
Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademerk Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid CMB control number.

## **POWER OF ATTORNEY** and **CORRESPONDENCE ADDRESS** INDICATION FORM

BU IO 198bollo en a component de min		
Application Number	10/709,888	
Filing Date	06-03-2004	
First Named Inventor	PANOHE, RAHUL	
Title		
Art Unit	3625	
Examiner Name	FADOK, MARK A	
Attorney Docket Number	00074.00001US1	

I hereby revoke all	previous	s powers of attorney give	en in the abo	ve-iden	tified applica	tion.		
I hereby appoint:	_							
Practitioners ass	actitioners associated with the Customer Number: 55952			2				
OR		_						
Practitioner(s) named below:								
	Name				Registration Number			
				_				
(2)	<del></del>	to prosecute the application (	dentified above.	and to tr	ansact all busine	ess in the Un	ited States Patent and	
as my/our attorney(s) or agent(s) to prosecute the application Identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.								
Diogea recordoiza or c	hanna the	correspondence address for t	he above-Identifi	ed applic	ation to:			
Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:								
The address	associate	d with the above-mentioned of the billion by the discount of the control of the c	OPROLLIE! LAGUIDA	·		7		
The address	s essociate	ed with Customer Number:						
Firm of	T						•	
Individual Address	Name							
Addiess								
City				Ştale			Ziρ	
Country								
Telephone				Email			<del></del>	
I am the:								
Applicant/Inv	ventor.							
Assignee of	record of t	the entire interest. See 37 CFI	R 3.71.					
Statement u	inger 37 Ci	FR 3.73(b) is enclosed. (Form			of Bosond			
		SIGNATURE of	Applicant or A	ssignee	Of Record	15-4-	(1, -/ - P	
Signature		malling			<del> 1</del>	Date Telephone	4/10/08	
Name		RefiliDandhe				Tetebrione	15/0 8 F 3 2 T 10	
Title and Company		al Inventor			. r . /s\ === -: '	sad Bulanti —	ultida formo li mora than nno	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one algorithm is required, see below.								
*Total of	1	forms are submitted.						

This collection of Information is required by 37 CFR 1.31, 1.32 and 1.33. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any to complete, including gathering, preparing and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.